

ELDER CHORE SERVICE DOCUMENTATION REQUIREMENTS

1) Complete application

2) Elder Need for Chore Services means the following:

- a) Elder cannot perform normal chore activities due to a temporary or permanent disability and;
- b) there is a lack of resources to provide for chore services.

3) Provide Proof of Disability for Permanent or Temporary physical disability &

Copy of TRIBAL I.D., AND DRIVERS LICENSE/STATE I.D. or ALL individuals age 18 and older residing in the household as a permanent member. Permanent member means anyone residing in the household for one or more months.

Temporary Disability - shall be no less than 30 days and shall be verified by documented evidence of physical disability from a qualified mental health professional or medical professional.

Permanent Disability - shall be verified by documented evidence from a mental health professional or medical professional.

Program Scope. The Elder Chore Assistance Program is designed to provide limited assistance for elder chore services as identified in the categories in this section. This program is not intended to be a complete resource for elder chore assistance. All chore services must be documented on the Elder Chore List of Services Rendered form.

- a. Snow Removal from drive way and sidewalks
- b. Weather stripping around doors and windows
- c. Grass cutting, leaf raking and removal, general clearing of debris around home
- d. Gutter cleaning
- e. General cleaning of the household including but not limited to dusting and cob web removal, vacuuming, trash removal, bathroom cleaning of toilets and water closets, dishwashing, laundry, scrubbing floors and walls, cleaning of appliances, washing windows, stripping and making of beds
- f. Circumstances that are outside the scope of items listed may be applicable to the program scope only if left un-serviced poses a threat to the health and safety of the elder.

Qualified Service Provider. Chore services must be completed by a qualified individual who must submit the W9 Request of Taxpayer Identification Number and Certification form to receive payment for services rendered. Family members who are qualified to perform chore service tasks cannot reside in the household of the elder and are required to complete the W9 Request of Taxpayer form to receive payment for services rendered.

Payment to Vendor. Payment will be sent directly to vendor only after services are rendered as documented on the Elder Chore Service List of Services Rendered form. Payment shall not be directly sent to applicant. Applicant shall receive a copy of notice of payment to vendor for their records.

If you have any questions about the status of an application or status of assistance check, please contact the Members Assistance Department. Please do not contact any other department. If you are eligible for assistance, you will be notified by phone.

Members Assistance Department
Little River Band of Ottawa Indians
375 River Street
Manistee, MI 49660
(231) 723-8288 / 888-723-8288

LITTLE RIVER BAND OF OTTAWA INDIANS
Members Assistance Department
Elder Chore Service Application

(Office Use Only)

Program Application

Date Received: _____ Initials _____

A. APPLICANT INFORMATION

TRIBAL MEMBER NAME :			D.O.B.	
PHYSICAL ADDRESS : STREET		CITY	STATE	ZIP
MAILING ADDRESS :				
<i>THIS INFORMATION SHALL MATCH THE INFORMATION ON FILE WITH THE ENROLLMENT DEPARTMENT</i>				
COUNTY :		PHONE :		TRIBAL I.D. #
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER				
PREPARER NAME IF ACCESSING ON BEHALF OF TRIBAL ELDER				

B. FAMILY INFORMATION

1. List all persons living in the household on a permanent basis. Starting with the applicant, provide each person's name, date of birth, Social Security number, relationship to applicant, years/months living in house hold, and tribe/roll number.

Name	D.O.B Date of Birth	Relationship to Applicant	Years/Months at this address.	I.D. Number

If you need more space, use reverse side of page.

C. GENERAL INFORMATION

2. Please describe your need for this assistance and where the lack of resources to obtain chore services is available. i.e. no close family in area, medical issue etc.

3. Select the specific category of assistance needed. ☐ Snow Removal ☐ Weatherization ☐ Grass Cutting
☐ Gutter Cleaning ☐ General Cleaning ☐ Other: Specify the service needed that poses a health and safety concern. _____

4. Have you applied for this assistance from any other source? Yes _____ No _____

5. Have you received assistance from this program in the past? Yes _____ No _____

Referrals: *Your household may be eligible to receive assistance through programs offered by your local Department of Human Services and Area Agency on Aging. Please contact these agencies for more information.*

D. APPLICANT CERTIFICATION & AGREEMENT

(Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and denial of services. This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Little River Band of Ottawa Indians through the appeal process governing this program per the Membership Assistance Ordinance. I have read and fully understand the contents provided in this application.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____

I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will not receive the maximum amount if I do not follow the requirements of this program by submitting the Elder Chore List of Services Rendered to access the maximum amount of assistance. I will provide verification of resources if the chore service amount exceeds the assistance amount provided by this program.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____

Space for Additional Information



Little River Band of Ottawa Indians
Members Assistance Department

375 River St
Manistee MI 49660
Toll Free 888-723-8288
231-723-8288
Fax: 231-398-6748

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release, any and all information concerning the following:

Employment history dates, title, income, hours worked etc. mortgage, rental agreement, lease or land contract information, heating or electrical account information, Social Security, SSI or SS Disability statements, banking, savings statements, general assistance income (DHS), zero income statement; and any other information requested of outside agencies and/or appropriate Tribal departments as deemed necessary to verify application information submitted for assistance services.

This information is released to:

Members Assistance Coordinator-Lee A. Ivinson and Members Assistance Staff

for use in evaluating eligibility for Members Assistance Programs.

Release of Information to Appropriate Service Departments:

I understand that information may be disclosed to appropriate Tribal departments on my behalf for services and assistance applied for. This information is intended to facilitate access to services in a timely manner and is considered confidential and/or privilege information. I understand that records cannot be disclosed without my written consent below, unless otherwise provided in the regulation. I also understand that I may revoke this consent at any time except to the extent for actions taken and services in assisting you.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Social Security #: _____

Address: _____

Phone Number: _____

Privacy Act Statement

The primary use of this information is by an employee of the Members Assistance Department office in determining eligibility for services. Furnishing the information on this form is required to establish eligibility for your participation in the program.



Little River Band of Ottawa Indians Members Assistance Department Zero Income Worksheet

Applicant and/or permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is no income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

<u>Household Monthly Expenses -</u>	<u>Amount</u>
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support etc.)	_____ Mo.
Other Expenses – List them _____	_____ Mo.

Zero Income

☐ I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Partial Income

☐ I _____ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Income/Resources of Household- **Provide a copy of the documents that apply with application.**

Income from Work-Not reported on a W-2 Form	_____	Mo.
Rental Income (If applicable)	_____	Mo.
TANF (Temporary Assistance to Needy Families)	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Subsidized Housing	_____	Mo.
Pension	_____	Mo.
Unemployment Compensation	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:	_____	

(circle one)

Would you participate in a household budgeting training course? Yes No If No: Why _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

NOTARY STAMP, SIGNATURE AND DATE

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Stamp

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.



Little River Band of Ottawa Indians Members Assistance Department

For additional forms make
copies as needed.

Statement of Assistance Resources

To be used when household has received assistance from an individual/s. To be completed by person giving assistance to applicant.

Applicant name: _____ Address _____

I certify that the total amount to date I _____ gave _____
in assistance is \$ _____. Amount was given per ☐ month or ☐ week. This financial assistance
started on (Date) _____.

The dates and amounts given:

Date	Amount		Date	Amount		Date	Amount

(Use reverse side for additional space)

Check and complete all that apply:

☐ I paid these expenses on these dates:

Expense/ Bill	Description	Amount	Date/s

(Use reverse side for additional space)

☐ I will continue to pay these expenses until (Date) _____.

☐ This was a onetime assistance and no further assistance will be given.

My relationship to the applicant is: _____

My Address: _____

My Phone: _____

My Work Phone: _____

My Employer Name & Address: _____

This certification is made with the knowledge that false or misleading statements made by me on this form and/or on supporting documents for this certification is fraud and can result in prosecution. I further understand that the Little River Band of Ottawa Indians may require additional information to verify the assistance provided by me to said applicant, additional request may be but not limited to receipts, bank statements, paid invoices, cancelled checks and income verification by way of pay stubs and any other proof deemed necessary.

NOTARY, SIGNATURE AND DATE

Signature: _____ Date: _____

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Seal

Notary Signature _____
Notary Public, State of _____, County of _____;

My commission expires _____; and Acting in the County of _____